UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.nspto.gov

## NOTICE OF ALLOWANCE AND FEE(S) DUE

26875

7590

01/03/2011

WOOD, HERRON & EVANS, LLP 2700 CAREW TOWER 441 VINE STREET CINCINNATI. OH 45202

| EXAMINER        |              |  |  |  |  |
|-----------------|--------------|--|--|--|--|
| HOBBS, LISA JOE |              |  |  |  |  |
| ART UNIT        | PAPER NUMBER |  |  |  |  |

1657

DATE MAILED: 01/03/2011

|                                                           | APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------------------------------------------------|-----------------|-------------|----------------------|---------------------|------------------|
|                                                           | 10/597,347      | 07/21/2006  | Nobuo Ichihashi      | SHG-050P2-319 /     | 9707             |
| THE E OF INVENTION, PROCESS FOR PRODUCING LACTOREROVIDASE |                 |             |                      | OSP-20263           |                  |

TITLE OF INVENTION: PROCESS FOR PRODUCING LACTOPEROXIDASE

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1510        | \$300               | \$0                  | \$1810           | 04/04/2011 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

### Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where ar in m

| appropriate. All further indicated unless correct maintenance fee notifications.        | ted below or directed otl                                                                             | ng the Patent, advance on the herwise in Block 1, by (            | orders and notification (a) specifying a new c                                                                                     | of n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | naintenance fees v<br>pondence address:                                                           | vill be<br>and/or         | mailed to the current<br>(b) indicating a sepa                                                                             | correspondence address a<br>rate "FEE ADDRESS" fo                                                                                              |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)            |                                                                                                       |                                                                   |                                                                                                                                    | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   |                           |                                                                                                                            |                                                                                                                                                |
| 2700 CAREW '<br>441 VINE STR                                                            | RON & EVANS, I<br>TOWER<br>EET                                                                        | 5/2011<br>LLP                                                     |                                                                                                                                    | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | reby certify that the<br>es Postal Service vessed to the Mail                                     | is Fee(s<br>vith suf      | of Mailing or Transı<br>s) Transmittal is being<br>ficient postage for firs<br>ISSUE FEE address<br>1) 273-2885, on the da | deposited with the United<br>t class mail in an envelope<br>above, or being facsimile                                                          |
| CINCINNATI,                                                                             | ОН 45202                                                                                              |                                                                   |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                           |                                                                                                                            | (Depositor's name)                                                                                                                             |
|                                                                                         |                                                                                                       |                                                                   |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                           |                                                                                                                            | (Signature)                                                                                                                                    |
|                                                                                         |                                                                                                       |                                                                   |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                           |                                                                                                                            | (Date)                                                                                                                                         |
| APPLICATION NO.                                                                         | FILING DATE                                                                                           |                                                                   | FIRST NAMED INVEN                                                                                                                  | TOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   | ATTO                      | RNEY DOCKET NO.                                                                                                            | CONFIRMATION NO.                                                                                                                               |
| 10/597,347<br>TITLE OF INVENTION                                                        | 07/21/2006<br>N: PROCESS FOR PROI                                                                     | DUCING LACTOPEROX                                                 | Nobuo Ichihashi<br>KIDASE                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   | SI                        | IG-050P2-319 /<br>OSP-20263                                                                                                | 9707                                                                                                                                           |
| APPLN, TYPE                                                                             | SMALL ENTITY                                                                                          | ISSUE FEE DUE                                                     | PUBLICATION FEE D                                                                                                                  | OUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PREV. PAID ISSU                                                                                   | E FEE                     | TOTAL FEE(S) DUE                                                                                                           | DATE DUE                                                                                                                                       |
| nonprovisional                                                                          | NO                                                                                                    | \$1510                                                            | \$300                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$0                                                                                               |                           | \$1810                                                                                                                     | 04/04/2011                                                                                                                                     |
| EXAM                                                                                    | MINER                                                                                                 | ART UNIT                                                          | CLASS-SUBCLASS                                                                                                                     | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   |                           |                                                                                                                            |                                                                                                                                                |
| HOBBS,                                                                                  | LISA JOE                                                                                              | 1657                                                              | 435-190000                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                           |                                                                                                                            |                                                                                                                                                |
| "Fee Address" in PTO/SB/47; Rev 03-Number is required 3. ASSIGNEE NAME APLEASE NOTE: Un | AND RESIDENCE DATA                                                                                    | " Indication form<br>ned. Use of a Customer<br>A TO BE PRINTED ON | data will appear on t                                                                                                              | rnativesingle or attomatical to the control of the | vely, e firm (having as a gent) and the nam rneys or agents. If printed.  be) atent. If an assign | memb<br>es of u<br>no nam | er a 2<br>p to<br>le is 3                                                                                                  | ocument has been filed for                                                                                                                     |
| 4a. The following fee(s)  Issue Fee                                                     | riate assignee category or                                                                            | 4                                                                 | (B) RESIDENCE: (Continued on the patent):  b. Payment of Fee(s): (Continued on the patent):  A check is enclosed Payment by credit | (Pleased.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Individual                                                                                        | orporati<br>1y prev       | on or other private gro<br>iously paid issue fee s                                                                         | up entity 🖵 Government<br>shown above)                                                                                                         |
| Advance Order -                                                                         | # of Copies                                                                                           |                                                                   | The Director is he                                                                                                                 | ereby                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | authorized to char                                                                                | ge the                    | required fee(s), any def                                                                                                   | ficiency, or credit any n extra copy of this form).                                                                                            |
|                                                                                         | a <b>tus</b> (from status indicate<br>ns SMALL ENTITY statı                                           |                                                                   | ☐ b. Applicant is no                                                                                                               | o long                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ger claiming SMA                                                                                  | LL EN                     | ΓΙΤΥ status. See 37 CF                                                                                                     | <sup>2</sup> R 1.27(g)(2).                                                                                                                     |
| NOTE: The Issue Fee arinterest as shown by the                                          | nd Publication Fee (if req<br>records of the United Sta                                               | uired) will not be accepte<br>tes Patent and Trademark            | ed from anyone other the<br>k Office.                                                                                              | han t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | he applicant; a regi                                                                              | stered a                  | attorney or agent; or the                                                                                                  | e assignee or other party ir                                                                                                                   |
| Authorized Signature                                                                    | ·                                                                                                     |                                                                   |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date                                                                                              |                           |                                                                                                                            |                                                                                                                                                |
| Typed or printed nan                                                                    | ne                                                                                                    |                                                                   |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Registration N                                                                                    | To                        |                                                                                                                            |                                                                                                                                                |
| an application Confider                                                                 | ntiality is governed by 35 application form to the tions for reducing this bu Virginia 22313-1450. DO | IIIS C 122 and 37 CFR                                             | 1.14 This collection i                                                                                                             | ie eet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | imated to take 12 i                                                                               | minutes                   | to complete including                                                                                                      | by the USPTO to process<br>g gathering, preparing, and<br>ne you require to complete<br>utment of Commerce, P.O.<br>for Patents, P.O. Box 1450 |

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# United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.                                    | FILING DATE                           | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.            | CONFIRMATION NO. |  |
|----------------------------------------------------|---------------------------------------|----------------------|--------------------------------|------------------|--|
| 10/597,347                                         | 10/597,347 07/21/2006 Nobuo Ichihashi |                      | SHG-050P2-319 /<br>OSP-20263   | 9707             |  |
| 26875 7590 01/03/2011<br>WOOD, HERRON & EVANS, LLP |                                       |                      | EXAMINER                       |                  |  |
|                                                    |                                       |                      | HOBBS, LISA JOE                |                  |  |
| 2700 CAREW TO                                      |                                       |                      | ART UNIT                       | PAPER NUMBER     |  |
| 441 VINE STREE<br>CINCINNATI, OH                   |                                       |                      | 1657<br>DATE MAILED; 01/03/201 | 1                |  |

### **Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)**

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 195 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 195 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 (571)-272-4200.

|                                                                                                                                                                                                                                                                                                                                                                 | Application No.                                                                              | Applicant(s)                                                                                                                   |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----|
|                                                                                                                                                                                                                                                                                                                                                                 | 10/597,347                                                                                   | ICHIHASHI ET AL.                                                                                                               |     |
| Notice of Allowability                                                                                                                                                                                                                                                                                                                                          | Examiner                                                                                     | Art Unit                                                                                                                       |     |
|                                                                                                                                                                                                                                                                                                                                                                 | Lisa J. Hobbs                                                                                | 1657                                                                                                                           |     |
| The MAILING DATE of this communication appeal claims being allowable, PROSECUTION ON THE MERITS IS herewith (or previously mailed), a Notice of Allowance (PTOL-85) NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT R of the Office or upon petition by the applicant. See 37 CFR 1.313                                                                         | (OR REMAINS) CLOSED in or other appropriate comm IGHTS. This application is a and MPEP 1308. | n this application. If not included unication will be mailed in due course. subject to withdrawal from issue at the i          |     |
| 1. A This communication is responsive to <u>Request for Continue</u>                                                                                                                                                                                                                                                                                            | ed Examination submitted 13                                                                  | <u> 3 December 2010</u> .                                                                                                      |     |
| 2. X The allowed claim(s) is/are <u>9-12,20-22,24-26,29-32 and 3-</u>                                                                                                                                                                                                                                                                                           | <u>4-36</u> .                                                                                |                                                                                                                                |     |
| <ol> <li>Acknowledgment is made of a claim for foreign priority una.</li> <li>All b) Some* c) None of the:         <ol> <li>Certified copies of the priority documents have</li> <li>Certified copies of the priority documents have</li> <li>Copies of the certified copies of the priority do International Bureau (PCT Rule 17.2(a)).</li> </ol> </li> </ol> | e been received.<br>e been received in Application                                           | on No                                                                                                                          | the |
| * Certified copies not received:                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                                                                |     |
| Applicant has THREE MONTHS FROM THE "MAILING DATE" noted below. Failure to timely comply will result in ABANDONN THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.                                                                                                                                                                                                     |                                                                                              | e a reply complying with the requiremen                                                                                        | nts |
| 4. A SUBSTITUTE OATH OR DECLARATION must be subminFORMAL PATENT APPLICATION (PTO-152) which give                                                                                                                                                                                                                                                                |                                                                                              |                                                                                                                                | OF  |
| 5. CORRECTED DRAWINGS ( as "replacement sheets") must                                                                                                                                                                                                                                                                                                           | st be submitted.                                                                             |                                                                                                                                |     |
| (a) $\square$ including changes required by the Notice of Draftspers                                                                                                                                                                                                                                                                                            | son's Patent Drawing Revie                                                                   | w ( PTO-948) attached                                                                                                          |     |
| 1) 🗌 hereto or 2) 📗 to Paper No./Mail Date                                                                                                                                                                                                                                                                                                                      | ='                                                                                           |                                                                                                                                |     |
| (b) including changes required by the attached Examiner Paper No./Mail Date                                                                                                                                                                                                                                                                                     |                                                                                              |                                                                                                                                |     |
| Identifying indicia such as the application number (see 37 CFR 1 each sheet. Replacement sheet(s) should be labeled as such in t                                                                                                                                                                                                                                |                                                                                              |                                                                                                                                |     |
| <ol> <li>DEPOSIT OF and/or INFORMATION about the depo-<br/>attached Examiner's comment regarding REQUIREMENT</li> </ol>                                                                                                                                                                                                                                         |                                                                                              |                                                                                                                                |     |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                                                                                                                |     |
| Attachment(s)  1. ☐ Notice of References Cited (PTO-892)  2. ☐ Notice of Draftperson's Patent Drawing Review (PTO-948)  3. ☐ Information Disclosure Statements (PTO/SB/08), Paper No./Mail Date  4. ☐ Examiner's Comment Regarding Requirement for Deposit of Biological Material                                                                               | 6. ⊠ Interview S<br>Paper No.<br>7. □ Examiner's                                             | oformal Patent Application ummary (PTO-413), /Mail Date <u>attached</u> . Amendment/Comment Statement of Reasons for Allowance |     |
|                                                                                                                                                                                                                                                                                                                                                                 | 9.                                                                                           | <del>_</del> '                                                                                                                 |     |
|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                                                                                                                |     |